

## PLACE OF BIRTH

1. County of Maraicopa

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Phoenix

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 479

County Registrar No. \_\_\_\_\_

Local Registrar No. 878

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Horace Wayne Amberson If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date of birth July 31, 1927  
Month day yearMale

5. No., in order of birth.

yes

3. FATHER

Full name

H. M. Amberson

14. MOTHER

Full maiden name

Berna Naegle

9. Residence

(Usual place of abode)

If nonresident, give place and state

Phoenix

15. Residence

(Usual place of abode)

If nonresident, give place and state

Phoenix

10. Color or race

white11. Age at last birthday 21 (Years)

16. Color or race

white17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Texas

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Carpenter

19. Occupation

Nature of industry

H. W.

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living. 1(b) Born alive but now dead. 0(c) Stillborn. 021. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 p.m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child  
is one that neither breathes nor shows other  
evidences of life after birth.Given name added from  
a supplemental report

Signature

Address

T. E. McCall  
(Physician or midwife)Phoenix

Month, day, year.

Filed 8-12 1927

Filed \_\_\_\_\_ 19\_\_\_\_

Registrar.

Local Registrar.

County Registrar.

815-731-555